



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES

25 Capitol Street – Room 120  
Concord, New Hampshire 03301  
[Office@das.nh.gov](mailto:Office@das.nh.gov)

111  
MLC

Charles M. Arlinghaus  
Commissioner  
(603) 271-3201

Joseph B. Bouchard  
Assistant Commissioner  
(603) 271-3204

Catherine A. Keane  
Deputy Commissioner  
(603) 271-2059

Division of Public Works  
Design and Construction  
Project No. 81049R – Contract 8

September 9, 2019

His Excellency, Governor Christopher T. Sununu  
and the Honorable Executive Council  
State House  
Concord, New Hampshire 03301

### REQUESTED ACTION

1). Authorize the Division of Public Works Design and Construction to enter into a contract with Turnstone Corporation, (VC# 169530) Milford, NH, for a total price not to exceed \$2,871,368, for the Department of Military Affairs and Veterans Services Army National Guard Re-bid CSMS Renovations, Concord, NH. This contract is effective upon Governor and Council approval through October 30, 2020, unless extended in accordance with the contract terms. **100% Federal Funds.**

2). Further authorize the amount of \$86,182 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$2,957,550. **100% Federal Funds.**

Funding is available in account titled Adjutant General as follows:

02-12-12-120030-71630000	Federal Statewide Repairs & Upgrades	<u>SFY20</u>
034-500162	– Contract Repairs/Bldgs. & Grounds	\$ 2,871,368
02-12-12-120030-71630000	Federal Statewide Repairs & Upgrades	
034-500162	– Contract Repairs/Bldgs. & Grounds	\$ <u>86,182</u>
	<b>Grand Total</b>	<b>\$ 2,957,550</b>

**\*\*Contract Award is Subject to Availability of Federal Funds**

### **EXPLANATION**

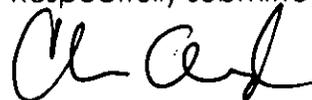
Provide significant upgrades to the Command Surface Maintenance Shop Building H. Major Components include interior improvements to paint booth, HVAC modifications, compressed air distribution replacement, Kalwall window system replacement, military vehicle parking, pavement replacement, new steel frame canopy construction for Bus and Recycling Center, site improvements and landscaping.

The Federal funds for this contract will be provided to the Department of Military Affairs and Veterans Services by the National Guard Bureau pursuant to a Federal-State Master Cooperative Agreement for the mutual support of the State of New Hampshire and the New Hampshire Army National Guard. The cost of this contract shall be reimbursed to the State by the Federal government at a rate of 100%. In the event that federal funds are not available, General funds will not be requested to support this program. **Contract Award is Subject to Availability of Federal Funds**

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Department of Justice as to form and execution; and the Adjutant General's Department has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,



Charles M. Arlinghaus  
Commissioner

Department Estimate:	\$2,443,790
Contract Amount:	<u>\$2,150,887</u>
Under Estimate:	\$ 292,903

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 81049R, Contract B, REBID-CSMS  
Renovation, Concord, New Hampshire.

DESCRIPTION: Provide significant upgrades to the Command Surface  
Maintenance Shop Building H. Major components  
include interior improvements to paint booth, HVAC  
modifications, compressed air distribution replacement,  
Kalwall window system replacement, military vehicle  
parking pavement replacement, new Steel frame  
canopy construction for Bus and recycling Center, site  
improvements and landscaping.

EXPLANATION: Paint Booth expansion with safety and equipment  
upgrades and repair and upgrades to vehicle parking  
with a higher duty rating pavement.

UNDER ESTIMATE

EXPLANATION: The Low Bid was approximately 12% below the  
Department estimate. The same six bidders participated  
in the Re-Bid as participated in the initial Bid. This  
indicates strong competition among interested  
Contractors.

DEPARTMENT

ESTIMATE: \$ 2,443,790.00

LOW BID: \$ 2,150,887.00



# ABC Bid Data

CONCORD  
81049RB  
NON-FEDERAL

PROJECT: CONCORD  
STATE PROJECT NUMBER: 81049RB  
FED. PROJECT NUMBER: NON-FEDERAL  
DATE BIDS OPEN: August 28, 2019, 02:00 PM  
SCOPE OF WORK: REBID CSMS RENOVATIONS  
COMPLETION DATE: October 30, 2020  
LOCATION: Merrimack

Certified by: \_\_\_\_\_  
Administrator

## Summary of Bidders

Contractor	Bid Amount	Rank
TURNSTONE CORPORATION 479 NASHUA STREET, MILFORD NH 03055-3705	\$2,150,887.00	A
D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE, NASHUA NH 03062-1044	\$2,167,400.00	B
MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4, GILFORD NH 03249-6603	\$2,270,362.00	C
D.E.W CONSTRUCTION CORP SUITE 130, 277 BLAIR PARK ROAD, WILLISTON VT 05495	\$2,309,560.00	D
BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD, MANCHESTER NH 03103-3320	\$2,370,698.00	E
BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD, TURNER ME 04282	\$2,593,280.00	F

$\$ 2,150,887$   
 A1 + #1  $\underline{\quad 720,481 \quad}$   
 $\$ 2,871,368$  total

BUREAU OF PUBLIC WORKS  
 Award to A Bidder  $\$ 2,871,368$   
 Hold for Negotiation  
 Cancel Contract  
 User Agency NHARNG  
 Authorized by MLT  
 Date 8/30/19

Item No.	Description	Unit	Quantity	PS&E		TURNSTONE CORPORATION 479 NASHUA STREET MILFORD, NH 03055-3705		D. L. KING & ASSOCIATES INC. 27 TANGLEWOOD DRIVE NASHUA, NH 03062-1044	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

Items									
901	CSMS BUILDING RENOVATIONS AND NEW BUS CANOPY	U	1.00	\$975,808.00	\$975,808.00	\$1,091,536.00	\$1,091,536.00	\$1,155,765.00	\$1,155,765.00
902	UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES TO SCOPE IN ITEM 901	\$	145,000.00	\$1.00	\$145,000.00	\$1.00	\$145,000.00	\$1.00	\$145,000.00
903	SITework AND LANDSCAPING	U	1.00	\$1,166,347.00	\$1,166,347.00	\$772,716.00	\$772,716.00	\$720,000.00	\$720,000.00
904	UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES TO SCOPE IN ITEM 903	\$	116,635.00	\$1.00	\$116,635.00	\$1.00	\$116,635.00	\$1.00	\$116,635.00
905	REMOVAL AND REPLACEMENT OF UNSUITABLE FILL	CY	1,000.00	\$40.00	\$40,000.00	\$25.00	\$25,000.00	\$30.00	\$30,000.00
<b>Totals:</b>					<b>\$2,443,790.00</b>		<b>\$2,150,887.00</b>		<b>\$2,167,400.00</b>

**81049RB REBID ALTERNATES  
ALTERNATE 1 ADD ALTERNATE**

991	ALTERNATE 1 ADD TIGHE & BOND FENCE PROJECT	U	1.00	\$693,335.00	\$693,335.00	\$720,481.00	\$720,481.00	\$722,000.00	\$722,000.00
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**ALTERNATE 2 DEDUCT ALTERNATE**

992	ALTERNATE 2 DEDUCT REDUCED LIGHTING SCOPE IN PAINT BAY	U	1.00	\$35,500.00	\$35,500.00	(\$8,178.00)	(\$8,178.00)	(\$8,700.00)	(\$8,700.00)
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**ALTERNATE 3 DEDUCT ALTERNATE**

993	ALTERNATE 3 DEDUCT RECYCLE SOILS FOR PAVING SUB BASE	U	1.00	\$46,500.00	\$46,500.00	(\$13,517.00)	(\$13,517.00)	(\$14,380.00)	(\$14,380.00)
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**ALTERNATE 4 DEDUCT ALTERNATE**

994	ALTERNATE 4 DEDUCT TRANSLUCENT PANEL REPLACEMENT	U	1.00	\$72,753.00	\$72,753.00	(\$77,651.00)	(\$77,651.00)	(\$68,635.00)	(\$68,635.00)
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<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$2,443,790.00</b>		<b>\$2,150,887.00</b>		<b>\$2,167,400.00</b>

Item No.	Description	Unit	Quantity	PS&E		MERIDIAN CONSTRUCTION CORP. 32 ARTISAN COURT #4 GILFORD, NH 03249-6603		D.E.W CONSTRUCTION CORP SUITE 130 WILLISTON, VT 05495	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	CSMS BUILDING RENOVATIONS AND NEW BUS CANOPY	U	1.00	\$975,808.00	\$975,808.00	\$1,304,871.00	\$1,304,871.00	\$1,248,670.00	\$1,248,670.00
902	UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES TO SCOPE IN ITEM 901	\$	145,000.00	\$1.00	\$145,000.00	\$1.00	\$145,000.00	\$1.00	\$145,000.00
903	SITework AND LANDSCAPING	U	1.00	\$1,166,347.00	\$1,166,347.00	\$658,856.00	\$658,856.00	\$769,255.00	\$769,255.00
904	UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES TO SCOPE IN ITEM 903	\$	116,635.00	\$1.00	\$116,635.00	\$1.00	\$116,635.00	\$1.00	\$116,635.00
905	REMOVAL AND REPLACEMENT OF UNSUITABLE FILL	CY	1,000.00	\$40.00	\$40,000.00	\$45.00	\$45,000.00	\$30.00	\$30,000.00
<b>Totals:</b>					<b>\$2,443,790.00</b>		<b>\$2,270,362.00</b>		<b>\$2,309,560.00</b>

**81049RB REBID ALTERNATES  
ALTERNATE 1 ADD ALTERNATE**

991	ALTERNATE 1 ADD TIGHE & BOND FENCE PROJECT	U	1.00	\$693,335.00	\$693,335.00	\$795,192.00	\$795,192.00	\$622,000.00	\$622,000.00
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**ALTERNATE 2 DEDUCT ALTERNATE**

992	ALTERNATE 2 DEDUCT REDUCED LIGHTING SCOPE IN PAINT BAY	U	1.00	\$35,500.00	\$35,500.00	(\$8,773.00)	(\$8,773.00)	(\$8,700.00)	(\$8,700.00)
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**ALTERNATE 3 DEDUCT ALTERNATE**

993	ALTERNATE 3 DEDUCT RECYCLE SOILS FOR PAVING SUB BASE	U	1.00	\$46,500.00	\$46,500.00	(\$14,380.00)	(\$14,380.00)	(\$14,380.00)	(\$14,380.00)
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**ALTERNATE 4 DEDUCT ALTERNATE**

994	ALTERNATE 4 DEDUCT TRANSLUCENT PANEL REPLACEMENT	U	1.00	\$72,753.00	\$72,753.00	(\$78,566.00)	(\$78,566.00)	(\$79,000.00)	(\$79,000.00)
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<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$2,443,790.00</b>		<b>\$2,270,362.00</b>		<b>\$2,309,560.00</b>

Item No.	Description	Unit	Quantity	PS&E		BROOKSTONE BUILDERS, INC. 600 HARVEY ROAD MANCHESTER, NH 03103-3320		BUCK, T. CONSTRUCTION, INC. 302B AUBURN ROAD TURNER, ME 04282	
				Unit Price	Total	Unit Price	Total	Unit Price	Total

901	CSMS BUILDING RENOVATIONS AND NEW BUS CANOPY	U	1.00	\$975,808.00	\$975,808.00	\$1,228,563.00	\$1,228,563.00	\$1,294,645.00	\$1,294,645.00
902	UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES TO SCOPE IN ITEM 901	\$	145,000.00	\$1.00	\$145,000.00	\$1.00	\$145,000.00	\$1.00	\$145,000.00
903	SITework AND LANDSCAPING	U	1.00	\$1,166,347.00	\$1,166,347.00	\$845,730.00	\$845,730.00	\$1,000,000.00	\$1,000,000.00
904	UNFORESEEN CONDITIONS AND OWNER INITIATED CHANGES TO SCOPE IN ITEM 903	\$	116,635.00	\$1.00	\$116,635.00	\$1.00	\$116,635.00	\$1.00	\$116,635.00
905	REMOVAL AND REPLACEMENT OF UNSUITABLE FILL	CY	1,000.00	\$40.00	\$40,000.00	\$34.77	\$34,770.00	\$37.00	\$37,000.00
<b>Totals:</b>					<b>\$2,443,790.00</b>		<b>\$2,370,698.00</b>		<b>\$2,593,280.00</b>

**81049RB REBID ALTERNATES**

**ALTERNATE 1 ADD ALTERNATE**

991	ALTERNATE 1 ADD TIGHE & BOND FENCE PROJECT	U	1.00	\$693,335.00	\$693,335.00	\$611,660.00	\$611,660.00	\$974,100.00	\$974,100.00
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**ALTERNATE 2 DEDUCT ALTERNATE**

992	ALTERNATE 2 DEDUCT REDUCED LIGHTING SCOPE IN PAINT BAY	U	1.00	\$35,500.00	\$35,500.00	(\$8,700.00)	(\$8,700.00)	(\$29,000.00)	(\$29,000.00)
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**ALTERNATE 3 DEDUCT ALTERNATE**

993	ALTERNATE 3 DEDUCT RECYCLE SOILS FOR PAVING SUB BASE	U	1.00	\$46,500.00	\$46,500.00	(\$59,806.00)	(\$59,806.00)	(\$130,000.00)	(\$130,000.00)
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**ALTERNATE 4 DEDUCT ALTERNATE**

994	ALTERNATE 4 DEDUCT TRANSLUCENT PANEL REPLACEMENT	U	1.00	\$72,753.00	\$72,753.00	(\$90,000.00)	(\$90,000.00)	(\$65,000.00)	(\$65,000.00)
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<b>Alt. Totals:</b>									
<b>Totals:</b>					<b>\$2,443,790.00</b>		<b>\$2,370,698.00</b>		<b>\$2,593,280.00</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/03/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> CROSS INSURANCE - LACONIA 155 Court Street Laconia NH 03248		<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (AC, No, Ext):</b> (803) 524-2425 <b>FAX (AC, No):</b> (803) 524-3686 <b>E-MAIL ADDRESS:</b> tandriski@crossagency.com	
<b>INSURED</b> Turnstone Corporation 479 Nashua Street Milford NH 03055-0539		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Firemen's Ins. Co. of Washington D.C.	<b>NAIC #</b> 21784
		<b>INSURER B:</b> Acadia Ins Co.	<b>NAIC #</b> 31325
		<b>INSURER C:</b> Indian Harbor Ins Co	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL18121772350      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPA0065107-28	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>			CAA0065120-30	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			CUA0065121-29	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Comp Ops Aggregate \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WPA0095615-27	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 CSMS Renovations Project No. 81049RB  
 The State of New Hampshire, its agencies, and its agents and employees are additional insureds for ongoing operations performed by or on behalf of Turnstone Corporation when required in a written contract.

<b>CERTIFICATE HOLDER</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/03/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

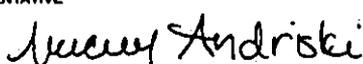
<b>PRODUCER</b> CROSS INSURANCE - LACONIA 155 Court Street  Laconia NH 03246	<b>CONTACT NAME:</b> Tracy Andriski, CISR <b>PHONE (A.C. No. Ext):</b> (603) 524-2425 <b>FAX (A.C. No.):</b> (603) 524-3686 <b>E-MAIL ADDRESS:</b> tandriski@crossagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Acadia Ins Co. <b>NAIC #</b> 31325 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> State of NH - Department of Administrative Services C/O Turnstone 479 Nashua Street Milford NH 03055	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL199398691                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners & Contractors Protective  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OCP5409425-10	09/03/2019	03/03/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
CSMS renovations Project No. 81049RB

<b>CERTIFICATE HOLDER</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord NH 03302	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/3/2019

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY <b>CROSS INSURANCE - LACONIA</b> 155 Court Street  Laconia NH 03246		PHONE (A.C. No. Ext.) (603) 524-2425  COMPANY <b>Acadia Ins Co.</b> One Acadia Commons P.O. Box 9010 Westbrook ME 04098-5010	
FAX (A.C. No.) (603) 524-2466 E-MAIL ADDRESS: <b>dhaley@crossagency.com</b>		POLICY NUMBER <b>CIN5403013-10</b>	
CODE: AGENCY CUSTOMER ID# 00178165 INSURED <b>State of NH-Dept. of Administrative Services</b> <b>Turnstone Corp &amp; Subcontractors</b> 479 Nashua Street Milford NH 03055-0539		LOAN NUMBER  EFFECTIVE DATE 9/3/2019 EXPIRATION DATE 9/3/2020 CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/> THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

LOCATION/DESCRIPTION <b>CSMS renovations Project No. 81049RB</b>
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THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Builders Risk, RC, Special Form	2,871,368	1,000

## REMARKS (Including Special Conditions)

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## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NAME AND ADDRESS  State of New Hampshire Department of Administrative Services 7 Hazen Drive Room 250 Concord, NH 03302	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	

STATE OF NH  
DEPT OF JUSTICE

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